

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.: **SC130822C**

First Inventor: **Mark L. Shaw**

Title: **MOTION SENSING FOR TIRE  
PRESSURE MONITORING**

Express Mail Label No.: **EV182701668US**

**APPLICATION ELEMENTS**

(see MPEP chapter 600 concerning utility patent application contents)

Mail Stop Patent Application  
ADDRESS TO: Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status  
See 37 CFR 1.27
3. ☒ Specification [Total Pages 23 ]  
(preferred arrangement set forth below)  
-Descriptive title of the invention  
-Cross Reference to Related Applications  
-Statement Regarding Fed sponsored R & D  
-Reference to sequence listing, a table, or computer program  
listing appendix  
-Brief Summary of the Invention  
-Brief Description of the Drawings (if filed)  
-Detailed Description  
-Claim(s)  
-Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 8 ]
5. Oath or Declaration [Total Sheets 3 ]  
a. ☒ Newly executed (original or copy)  
  
b. ☐ Copy from prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)  
  
i. **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
name in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b)
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large  
table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence  
(if applicable, all necessary)  
a. ☐ Computer Readable Form (CFR)  
b. ☐ Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-4 (2 copies); or  
ii. ☐ Paper  
c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure, PTO/SB/08 & 4 Copies of IDS  
Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document
16. ☐ Nonpublication Request under 35 U.S.C.  
122(b)(2)(B)(i). Applicant must attach form  
PTO/SB/35 or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in- Part (CIP) of prior application No. \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_ Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

☒ Customer Number 23125 or ☐ Correspondence address below

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Name \_\_\_\_\_

David G. Dolezal

Registration No. \_\_\_\_\_

41,711

SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

4/19/04

SC130822C

<b>FEE TRANSMITTAL</b> Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<i>Complete if Known</i>	
		Application Number	
		Filing Date	
		First Named Inventor	Mark L. Shaw
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT		(\$) <b>1134</b>	
		Attorney Docket No. SC13082ZC	

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <b>503079</b> Deposit Account Name <b>FREESCALE SEMICONDUCTOR, INC.</b>  <b>The Director is authorized to: (check all that apply)</b> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees(s) indicated below, <b>except for the filing fee to the above-identified deposit account.</b>	<b>FEE CALCULATION (continued)</b>  <b>3. ADDITIONAL FEES</b> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late Provisional filing</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td></tr> <tr><td>1254</td><td>1480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td></tr> <tr><td>1255</td><td>2010</td><td>2255</td><td>1005</td><td>Extension for reply within fifth month</td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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<b>FEE CALCULATION</b>					
<b>1. BASIC FILING FEE</b>					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	780	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>					<b>(\$)<b>770</b></b>

<b>2. EXTRA CLAIM FEES</b>																																					
<table style="width:100%; border-collapse: collapse;"> <tr> <td>Total Claims</td> <td><b>38</b></td> <td>Previously Paid**</td> <td><b>20</b></td> <td>=</td> <td><b>18</b></td> <td>X</td> <td>Fee from below</td> <td><b>18</b></td> <td>=</td> <td><b>324</b></td> </tr> <tr> <td>Independent Claims</td> <td><b>3</b></td> <td></td> <td><b>3</b></td> <td>=</td> <td><b>0</b></td> <td>X</td> <td></td> <td><b>86</b></td> <td>=</td> <td><b>0</b></td> </tr> <tr> <td colspan="7">Multiple Dependent</td> <td><b>290</b></td> <td>=</td> <td></td> </tr> </table>						Total Claims	<b>38</b>	Previously Paid**	<b>20</b>	=	<b>18</b>	X	Fee from below	<b>18</b>	=	<b>324</b>	Independent Claims	<b>3</b>		<b>3</b>	=	<b>0</b>	X		<b>86</b>	=	<b>0</b>	Multiple Dependent							<b>290</b>	=	
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1202	18	2202	9	Claims in excess of 20																																	
1201	84	2201	42	Independent claims in excess of 3																																	
1203	280	2203	140	Multiple dependent claim, if not paid																																	
1204	84	2204	42	* Reissue independent claims over original patent																																	
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<b>SUBTOTAL (2)</b>					<b>(\$)<b>324</b></b>																																
** or number previously paid, if greater; For Reissues, see above.																																					

<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>	
Name (Print/Type)	David G. Dolezal	Registration No.	41,711
Signature		Telephone	(512) 996-6839
		Date	4/19/04

SC13082ZC